

**Hawaii Going Home Plus Project
Workgroup Member Nomination Form**

Your Name _____

Title _____

Organization _____

Do you plan to participate in one of the workgroups? ___Yes ___No

Please nominate other persons within your organization who may be able to participate in our workgroup sessions:

1. Name _____

Title _____

E-mail _____ Phone _____

Please check the appropriate workgroup:

___ Participant Recruitment and Enrollment ___ Informed Consent and Guardianship
___ Outreach/Marketing/Education ___ Benefits and Services ___ Housing

2. Name _____

Title _____

E-mail _____ Phone _____

Please check the appropriate workgroup:

___ Participant Recruitment and Enrollment ___ Informed Consent and Guardianship
___ Outreach/Marketing/Education ___ Benefits and Services ___ Housing

3. Name _____

Title _____

E-mail _____ Phone _____

___ Participant Recruitment and Enrollment ___ Informed Consent and Guardianship
___ Outreach/Marketing/Education ___ Benefits and Services ___ Housing

4. Would you like a staff member to do a presentation about the Going Home Plus Project at an upcoming advisory board meeting or committee meeting? ___ Yes, please contact me at: _____

If you cannot complete this form today, please fax it to Christy Nishita at 808.956.6903. Thank you.